



Thank you for supporting North Carolina A&T State University!

22GCCF

Please complete this form in its entirety and return it to the Office of Advancement Services.

Give online at [www.ncat.edu](http://www.ncat.edu). Click Give to A&T and then Online Giving.

For additional information or assistance, please call 888-248-2821 or locally at 336-334-7600.

EVERY AGGIE. EVERY YEAR.

Prefix First Middle Last Suffix

Street Address City State Zip

Preferred Phone (Home, Mobile, Work)

Preferred Email Address

Spouse Full Name (Prefix, First, Middle, Last, Suffix)

Spouse's Class Year (if an A&T alumnus/a)

I am an A&T alumnus/a. Class Year: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

This is a joint gift with my spouse.

This gift is in  honor  memory of \_\_\_\_\_.

MY/OUR TOTAL GIFT TO A&T IS \$ \_\_\_\_\_.

**GIFT PAYMENT OPTIONS**

**Cash/Check** (Checks made payable to: North Carolina A&T Foundation, Inc.)

**Debit/Credit Card**  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Bank Draft** (Please attach a voided check that contains your bank information)

**My debit, credit card, or bank draft gift is a:**

Lump sum one-time contribution of \$ \_\_\_\_\_.

Monthly contribution of \$ \_\_\_\_\_ to be drafted on the 1st 5th 15th 30th beginning in \_\_\_\_\_.  
(please indicate month)

Please draft my gift:  For \_\_\_\_\_ month(s) –OR–  Until written notification.

**Stock/Securities Transfer** Please call 336-334-7600.

I have included A&T in my will.  I would like information on how to include NC A&T in my estate.

**Matching Gift** My employer's matching gift form is enclosed or will be sent.

GIFT DESIGNATION(S)	AMOUNT
Gate City Chapter National Alumni Endowed Scholarship	
<b>TOTAL</b>	<b>\$</b>

Signature \_\_\_\_\_ Date \_\_\_\_\_

*A signature is required for all debit, credit card, and bank draft gifts.*